

ILC ZORG VOOR LATER

Pioneering citizens' initiatives

**Innovations in Housing and
care schemes, architecture
and urban planning**



The Village Model

The care cooperative

Community Living Groups New Style

Multigenerational planning

March 2009

Background

The preliminary study into Innovative housing and care schemes has been conducted by Jacques Allegro (member of the Executive Board of ILC Zorg voor Later) and Ger Tielen (Director of ILC Zorg voor Later). Visits have been made to projects in the US, Germany and the Netherlands.

Multiple sources have been used, including the report of the Expert Meeting of ILC Zorg voor Later on the subject of Demand Control in Care.

Final editing by Ger Tielen

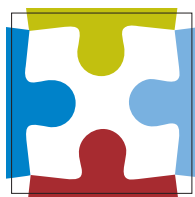
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Comments on the contents are welcomed and can be made via the website of ILC Zorg voor Later or via info@ilczorgvoorlater.nl

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Cover illustration: Project Amaryllis in Bonn (Germany) featuring senior citizen apartments.



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Chapter 1

Introductory note

Citizens' initiatives as engine of change

This report provides an account of the preliminary study into Innovative Housing and care schemes, focusing on demand control and participation. More in particular, the schemes in which the private initiatives of senior citizens play a leading role as designers, driving forces or leaders of future-oriented housing and care projects have been studied, especially by groups and residential care cooperatives. Inspired by the ILC slogan Care for Later (Planning your future today), examples from the United States, Germany and the Netherlands are given. Furthermore, attention is paid to the report of the British International Longevity Centre in London Lifetime Neighbourhoods which was the first to refer to multi-generational approaches for housing and care concepts. It focuses on uniting different age groups, rather than creating divisions therein. Citizens' initiatives that comprise multiple generations form part of the future basis for a socially and economically more sustainable society.

The selected projects are examples of what can be done at neighbourhood level or in small-scale communities. The pursuance for more sustainable conditions for the economy and social society is in line with the efforts for a participation society without impeding age limits and for housing schemes that stimulate both young and old in order to continue to meet and support each other. However, civilians in the third phase of their lives, say between 55 and 75 years of age, bear a personal responsibility in that.

The projects that have been selected reflect both responsibility and creativity. As such, by way of experiment, new basic principles are developed for living and caring in the practice of tried and tested

projects, which we would like to introduce to the reader. The work method, organisation and financing appear to be transferable, as on closer inspection our cultures differ perhaps less than previously thought. Innovative projects are often formed due to dissatisfaction with the local practice of living and care, and provide a response that fits local circumstances

and preferences and in which new relations between the government, private initiatives, civil society and the business community are developed and in which self-determination by senior citizens is a predefined objective.

In addition, we aim to filter a number of main features from the identified trends as an instrument to define criteria which sustainable projects and citizens' initiatives must meet and we will make suggestions for trial projects in which project leaders selected and to be trained to that end will take the lead.

Prof. Dr. Jacques Allegro
Board Member of ILC Zorg voor Later

Introduction and accountability

Pre-statement

The compilers are not predisposed to reject any type of care scheme in advance, on the contrary: the diversity of options is a basis for a society that suits all tastes. The compilers do believe though that large-scale isolation of senior citizens in private residential communities, gated communities, silver cities etc. is not appropriate for a policy that aims to enable the elderly to form part of ordinary and everyday life for as long as possible, in a world of working, living and being socially active. Segregation purely on the basis of age is out of touch with the Dutch culture and in direct conflict when striving for integration of population groups and social cohesion. Experiments with housing areas for the over 50s along the Spanish coastline show that the quality of life in such areas strongly reduces in ten or twenty years' time due to the ageing population. The better option seems to be to opt for multi-generational principles when planning new estates and for the production and distribution of living and care. This viewpoint will also be discussed in the report.

The key objective of ILC Zorg voor Later is to offer support to individuals or organisations who wish to respond to the further ageing of the population and who dare to build on the initiatives by and active participation of the older generations themselves. In the forties, when population ageing will reach its peak, nearly a quarter of the population will be 65 or older. According to the Social and Cultural Planning Office (SCP), two demographic trends will be dominant. Until 2020, the type of 'younger' vigorous seniors will continue to grow fastest and from 2020 onwards, the growth of over 75s will peak (now approx. 1.1 million). ILC Zorg voor Later, prefers to mobilise the people from that first wave, the vigorous baby-boomers, who can still influence their own future in terms of care. After 2020, that group will start to form part of the second wave of over 75s who, on average, will be faced with serious health restrictions. ILC Zorg voor Later expects that the strong preference for growing old in one's own home and surroundings (currently no less than 86% of the elderly) is set to increase further. That means that the solutions must usually also be found locally, in the organisation of care surrounding one's own home and in the local surroundings.

With the slogan Create Your Future Now! ILC Zorg for Later appeals to younger seniors to create the conditions for tomorrow's housing and care schemes today and participate in initiatives and forms of self-organisation that contribute to the objective of healthy, active and safe independent living. The opportunities lay hidden therein, but they need to be seized today, says the Verwey-Jonker Foundation in its report of 2007 Generation Coming, commissioned by ILC Zorg voor Later.

Chapter 2

Panel One of the ways for ILC Zorg voor Later to strive for innovative and more sustainable housing and care concepts that are in line with the ageing population is to work together with partners. With that objective in mind, director Martin Boekholdt, among other things, takes part in a panel of experts of De Volkskrant newspaper that rendered its cooperation to a league table survey on care and nursing homes according to perceived quality on the basis of predefined criteria. The league tables provide citizens with an insight when choosing care institutions, and they contribute to competition and pursuing improvements through transparency. In De Volkskrant of 7 December 2008, Martin Boekholdt says

that not only does the sector need to actively present itself and give account, it must also involve society in the care process. Proper care requires isolation to be broken through, rather than creating institutes far away from society. The panel members criticise the Ministry of Health, Welfare and Sport (VWS), which also undertook to publish scores, but in which vital figures were missing, on the subject of bedsores, fall incidents, restraining patients and medication errors. Figures on absenteeism and financial problems are not included. The panel further signals developments that are deemed important, such as the movement to small-scale undertakings, without considering these to be a panacea.

Hetti Willemse *Old Amsterdam - Silver City*

In a number of publications, director Hetti Willemse of the Amsterdam based bureau Publicarea, and Board Member of ILC Zorg voor Later, points out the changing age structure of the city population and the implications thereof for policy and practice. Not only do the future senior citizens want to be in control of their own old age and show to be economically engaged, they will be more colourful and diverse than the elderly of today. Standard responses to issues concerning the ageing population will no longer be suitable. In order to meet a varied demand, a turnaround in thinking is required in which the demand and the variety of supply are focal points. The baby-boom generation is the grey engine of the economy and the very mortar of social society. Urban planning, house building and the development of the living environment must respond to that. The focal point will have to be shifted from care to comfortable living as long as possible. We need to discard the 'old thinking' in which care centres form the centre of policies in the field of living and senior citizens. This can no longer serve as a focal point for elderly life, although they continue to be needed. We will need to work from the premise of life patterns and daily pastimes of senior citizens in which participation and meeting are made possible, gear local transport systems to that, realise a proactive role of older people in neighbourhood developments, from direct object to indirect object. Hetti Willemse pleads for diversity in the response to housing desires, new win-win schemes, creating buyer groups and new housing and care schemes with private commissioning parties, also for older people and exchange options between starters, families and senior citizens. This set-up allows for

senior citizen participation in which care is only a single aspect of city life and of the daily pastime of people. Actively involve older people in the neighbourhood and local developments. Talk to them about their concerns, but particularly also about what they would want and can do. Hetti Willemse can see that the Amsterdam corporations mean well, but all this can be done much smarter. Why not widen all doors in all new developments and renovation projects, so that wheelchair access is secured at all times? This would prevent expensive alterations or relocations later on. In a multitude of publications, Hetti Willemse unfolds a kaleidoscope of creative ideas in the field of combinations of living, working, care and IT in a living environment based on diversity and in which different age groups and their different roles in life play a dynamic role. Professional care, informal care and the training of young people will be given a new and exciting role therein. The living environment must also offer challenges and variety as elements of prevention and self-determination. Natural relations between people and public city functions play a vital role therein. Hence Hetti Willemse can see opportunities for a World City Project in which a number of metropolises together form the learning network that seeks new social and economic opportunities in innovative responses to an ageing population.

Twenty percent fewer senior volunteers

On average, senior citizens in the Netherlands have an increasingly busy agenda and as such, less time to spend on voluntary work. Between 2000 and 2005, the time that over 65s spend on unpaid, voluntary work per week has fallen for the first time since the eighties. This is stated by Movisie, a knowledge organisation for social development, in a Fact Sheet on the social deployment of senior citizens. The time that the over 65s spend on this has fallen from an average of 2.2 hours per week to 1.8 hours, which is nearly 20 percent. Vigorous senior citizens have traditionally been “bulk suppliers” of doing unpaid work. One in three older people aged between 55 and 74 makes a voluntary contribution to matters of social benefit, at an average of six hours per week. There are speculations on the causes of the reduction. It could be that the strong annual increase of the proportion of women between 55 and 65 years of age participating in the labour process in that same period was responsible for the reduced availability for other social tasks and that this trend continues after retirement. In addition, senior citizens are increasingly busy with providing informal care, looking after the grandchildren, social activities, hobbies and watching television. Whichever way it is: an average deployment of hardly two hours per week certainly justifies the statement that there must still be a significant pool of talented experience not yet drawn upon. The point is to challenge senior citizens not yet involved in a variety of activities and to stimulate them to undertake citizens’ initiatives.

Conceptualisation

This report assumes that the reader has some knowledge of the complex world of supply and demand in the field of living and care, care zones, local service centres, homecare and service provision. A multitude of books and publications describe the development of living and care concepts on offer through the centuries and the considerable diversity of provisions in the field of living and care and private and public packages of supply. The palette of options fanning out in every direction is probably infinite.

A series of government decisions from the eighties onward on creating more and more distance between the government and the care market, the development of new financing schemes, including the personal care budget (PGB) and the increasing influence of IT on care organisations all create new opportunities for market parties. However, it looks as if senior citizens, users, patients and consumers are not entirely at ease with the future. The lack of means, decreasing supply and bureaucratic mechanisms that are difficult to negotiate are permanently lurking around the corner.

The ageing population in the labour market and, partly as a result thereof, shortages of staff in the care sectors is more rule than exception, whereas at the same time informal care and voluntary work are further subjected to the pressure of an ageing population (Movisie 2008). Describing all these interacting trends or making value judgement on this or any other situation does not lie within the scope of this publication. The Netherlands really does not compare unfavourably to other countries. We have strong traditions. Our objective is much more focused on looking forward to successful alternatives as benchmarks for the development of new schemes, or towards less obvious, yet important trends that can be factors of success in future schemes.

Demand control and buyer groups – some theory

In accordance with the views of Goudriaan, Heydelberg and Rietveld, we refer to demand control when citizens have the initiative (and means) to direct supply, contrary to demand-driven control, in which suppliers have the initiative and aim supply at the clients. ILC Zorg voor Later conducted an expert meeting with Deloitte on demand control in September. The subjects raised by Professor Martin Boekholdt in that respect are relevant to this report.

Demand control is high on the priority list, says Boekholdt, as the care system is going through a turnaround and neoliberal control philosophies are catching on with a strong emphasis on market forces, transparency and effectiveness. We are moving from a traditional welfare state to a participation state, reflected in the Social Support Act among other things. It concerns concepts on taking part, the role of the consumer taking independent decisions, active citizenship. Demand control evokes an image that is two-tiered: demand-driven control and demand control which are addressed differently at different levels. Politics, using subsidy conditions, among other things, is steering towards the client perspective, i.e. control by the client. However, sovereignty on the demand side raises questions on the manner in which demand presents itself, for instance. How are people informed? The transparency of the response is key element on the supply side, the capacity to actively respond in a reciprocal relation with the client. According to Boekholdt, the information society will create new conditions, with the Internet to be integrated as a means of communication between client and professional. However, can the market function in this domain as a market? Is it possible to make the right choices? After all, the assessment of quality or pricing is often complex.

The classification in life phases by Martin Boekholdt is also highly relevant in terms of understanding the process. The first phase he indicates is the third phase of age, which more or less coincides with an age ranging between 55 and 75. That is still a vigorous phase and one in which conditions for demand-driven control are certainly present. Here a certain urgency for precaution and personal responsibility

(self-care) can be found, but at the same time this group and life phase embeds the tragedy of denial on growing old (that is a barrier that many initiatives are confronted with, as will be clear from this report). Subsequently, there is the fourth phase, one in which long-term care becomes apparent, in which clients are vulnerable and dependent and in which the conditions for demand control are much less favourable. This is the world of the Exceptional Medical Expenses Act (AWVZ), the Personal Care Budget (PGB) and the Social Support Act (WMO). Demand control in the form of life plans and suchlike is present. In this phase, purchasing yourself via PGB and vouchers is a feasible option. Finally, there is the domain of the final life phase, of acute care, multi-morbidity and multiple chronic problems. In this life phase, the conditions for demand control are truly unfavourable, whereas the need for it is in fact highest. How to organise demand control over one's life here, as in managing one's own affairs?

The National Care for the Elderly Programme focuses on particularly this final phase through academic programmes and research. However, the turnaround in thinking cannot come from professionals alone. The legislator plays a role with client legislation, however, without involvement from active citizens we will remain stuck in noble intentions, springing from the metaphors of care as a market and the patient as a client, once conceived to create improved relations and affordability, says Martin Boekholdt.

Within the scope of this report, we distinguish various residential care schemes in which demand control by clients are focal point: buyer groups, cooperatives and grass root initiatives. After having discussed these different schemes, a proposal on project development will be formulated.

Buyer groups – Buyer groups can develop to take on multiple schemes. One definition (Goudriaan et al, 2005) describes buyer groups (in a residential care context) as 'groups of care recipients purchasing provisions in the fields of care, living and welfare with their own financial means'. Various organisational models are possible, varying from arranging everything yourself to outsourcing everything.

Research shows that these schemes received positively, despite or thanks to the many efforts.

A frequently recurring category of buyer groups could be considered as a subset of the community living phenomenon, defined as groups of at least three persons who consciously choose to live together in a single home or building, outside the context of family or love relations. Sharing a building or home combines well with sharing care provisions. The number of residential groups in the Netherlands is rising. In The Hague, for instance, a few dozen of community groups (communes) have been formed, varying from six to twenty over 50s (and stimulated and supported by a Foundation). In Germany, the phenomenon has boomed, but there is a clear trend towards groups of all ages, which does appear to be more viable in the long term. Within another context, we can find community living groups for (younger) people with a psychological or physical disability (Thomas Homes). However, buyer groups can also be seen at neighbourhood level, where local residents combine forces for the joint acquisition of provisions, or in flats or apartment blocks where well-organised tenants or house owners act in that capacity.

In the Netherlands, the government (perhaps unintended) creates conditions for the formation of buyer groups. During the expert meeting on demand control in care by ILC Zorg voor Later, Frans Oostrik of Per Saldo said that by now, 15 percent of care recipients use the personal care budget (PGB), together using 5 percent of the available budget, which does raise the expectation that the personal care budget represents a saving in costs. There is in fact no good alternative for the PGB (as yet), according to Oostrik. It needs to be ascertained whether the PGB can also be applied in the mental healthcare sector and in curative care (such as in Italy) of which care insurers feel that in that field too people must be given greater control. Patients, the disabled and older people together can enforce purchasing power. The initiative lies with these groups now. Fragmentation can be prevented by bringing together purchasing capacity, but then the initiative must be shifted to the clients. Thomas Homes are not the only new alternatives. 'Time requires users to come up with many more personal initiatives, perhaps in cooperation with care insurers,' says Frans Oostrik.

Buyer group characteristics - Insight into the scope and work method of buyer groups in the Netherlands is still limited. Characteristics that are deemed important are that they mostly involve somewhat newer housing situations, small-scale undertakings, rural and urban, featuring their own organisation and professional staff. Objections that are sometimes raised include the elitist character and high stakes that are required from those involved in the joint purchase. Continuity can be put under pressure when the pioneering heroes start to show signs of fatigue and initiators fail to find successors. Doubts can be casted on the opportunities for contact with young people and with other organisations of care and wellbeing.

Example I

Beacon Hill Village in Boston US

Beacon Hill Village Incorporated is an American, private, non-profit organisation by and for senior citizens that, since 2001, has enabled its residents in the Boston district of Beacon Hill to grow old in their local environment vigorously and actively through support services. The nearly 500 senior citizens of 75 years on average cherish a communal 'village spirit' within the larger community of nearly 8000 residents in the district.



New alternative – In the mid-nineties, a small group of senior residents in the middle class district of Beacon Hill in Boston decided to come up with an alternative for the traditional residential care concepts and the so-called gated retirement communities that were springing up throughout the United States. These often involve gated residential complexes where only retired seniors spend their post-active years together, providing support to each other as much as possible in everyday life and when struck by illness or disability. This is not everyone's ideal, believe the founding fathers of the village movement, who prefer to settle within a normal residential environment, where they have always lived, preferably within a village-like or small-scale set-up, i.e. with a functional social network and with shops, pedestrian parks, community centres, theatres and sport clubs nearby and surrounded by families, children, young people, friends and working people, in brief, in the middle of ordinary life with its ordinary and less ordinary events. In the language of the Villages, this means that they create an open network of social interactions, events, information and support services, for

themselves and for each other. This surrounding and at the same time access network should enable participants to grow old comfortably, safely and happily, in their familiar neighbourhood and their own home, and make a valued contribution to society.

Permanent success - The popular Beacon Hill Village concept arose from considerations of permanent involvement and participation in ordinary life, which is of extreme importance when children and grandchildren do not live locally, as is often the case in the US. Vital element therein – as the founders indicated – was the development of leadership when setting up this non-profit neighbourhood enterprise. The concept proved to be a great success, which is copied in numerous districts and cities in the US. After The Boston Globe had reported on the initiative at an early stage ('forget moving into a retirement community; stay in your home and have services come to you' the Beacon Hill Village pioneers were inundated. In order to meet the overwhelming demand for information, they compiled a Handbook: The Village Concept – A Founders Manual. This provides a plain and orderly account how the personal environment can be converted into a Village, a 'village community' where life is well.

Corporate philosophy – The organisational design is based on a healthy mixture of community spirit (public-spirited citizens that form a corporation together) and entrepreneurial spirit, making Beacon Hill Village a continuous and sustainable company that organises a wide range of cultural and social events for its members and which purchases services in the fields of odd jobs, meals, cleaning, home aid, dog sitters, garden maintenance, computer support, etc. The company is run by part-time, paid professionals, a director, an event organiser, a marketer (for member recruitment and fundraising) and an accountant. Their range of tasks is well-described in the Handbook, leaving ample room for personal initiatives. They are supported and monitored by membership workgroups. The approx. 360 households (representing nearly 500 individuals) which form the membership pay contribution (of 850 dollars per year).

A single person pays a little less (650 dollars) and those who are unable to pay the contribution, can appeal to a support fund called the Membership Plus Programme (strictly confidential).

Formation – You need to be prepared to believe in such a venture in order to initiate the leadership that is required. From the very start, the founders mobilised their personal professional network and recruited seniors with experience in the field of fundraising, grass root organisation set-up, leading a company and organising social, cultural and artistic activities. Rolling up the sleeves together, that is how Beacon Hill Village came to be. On the basis of earlier explorations and many discussions with potential members and local service providers, a catalogue of opportunities arose. Surprising element therein was the large number of discussion partners who on no account wanted to face old age or prepare for the later phases in life. Labelling yourself as a senior citizen appears to be an enormous barrier. Ageism is widely rooted in the US, everyone wants to stay young forever. This denial of the possible discomforts that come with old age seemed to inhibit anticipating behaviour. Yet such a venture cannot prosper without ‘younger seniors’ who are prepared to face their future, without the dynamics of generations. Hence the venture has to operate extremely carefully in terms of marketing approach.

Handbook – the Handbook interweaves the practical experiences of the founders, such as competing with prejudices, with practical ideas from the business community and guidelines for the start-up and day-to-day management of a Village. A lot of attention is paid to diversity in that respect. Building on the diversity of the population according to age, ethnicity, gender and class appears to be one of the factors for success. There is no discrimination in a Village. Taking risks intelligently is another factor for success. Create space for experiments and innovation and, in particular, look after the quality of your networks and organise strategic partnerships. And do all that on the basis of a sound business plan as a tool for achieving consensus and goodwill. Beacon Hill Village, for instance, maintains partnerships with a local hospital, a proprietor of retirement homes, a homecare organisation and, last but not least, Harvard Business School. The partnerships lead to structural fundraising, affordable office spaces, better access to healthcare, discounts on the costs of home services and more or less free Harvard advice.

Management – Vital element is that the venture is under own management with personal

responsibility within a total approach concept, i.e.: a single telephone number for all questions, problems and solutions (within the scope of the objectives). The services offered are often carried out by caretakers (staff employed by the Village) at reduced rates and by preferred suppliers, as well as by volunteers from the member pool and the immediate surroundings. A number of important services include: meals-on-wheels, telephone circle, small home repairs, transport to and from the surgery, shops, museums and concerts, discussion meetings and information meetings, training courses and study programmes. Social and cultural activities are usually organised by the members themselves. Activities include hiking groups, Tai Chi groups and cultural clubs. In addition, relations with healthcare and fitness services are maintained and domestic and other services are carried out (such as IT assistance and administration). It is possible to purchase travel insurance within a group scheme. Discounts have been negotiated with some local restaurants. In addition, there is an important relation with the local MHG hospital, as senior citizens often struggle to find a family doctor.

The Villager
THE NEWSLETTER OF THE VILLAGE

City Living Just Got Easier...
Join 400+ today and enjoy these benefits tomorrow

Social & cultural events:
Discussions with community leaders in the arts, politics, medicine, and the media; concerts, dining out, day trips to New England museums.

Transportation:
For doctor appointments, airport, grocery shopping, and social visits.

Exercise:
Walking group, Tai Chi, exercise classes, and personal trainers.

Computer training & support:
For PCs or Macs in your own home.

Health care & home services:
Home care, delivered meals, and access to MGH Senior Health and emergency care worldwide.

Chores:
Errands, home repairs, housecleaning, and more.

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617.723.9713
www.beaconhillvillage.org

Baby Boomers: What's Next...?
Could it be that Baby Boomers have stumbled upon the fountain of youth? It's possible, as they enter the "retirement" phase of their lives (70th birthday turned 60 every day of 2006), they are the healthiest, best educated, and most affluent group ever to move through their life cycle. If they are in reasonably good health, they have twenty to thirty more years of life to enjoy. Their parents' crisis of retirement is golden years of leisure in their City, golfing, playing shuffleboard — has, for the most part, faded. Retirement is no longer the reward for a life well lived. It's old hat, boring. So many, it seems, are socially irresponsible. (Then it's economically worrisome.) We all agree that it's just not their old. We have too much energy to quit, too many dreams to pursue, too many places and people to see, to keep the courage that left in "quitting time" after all that courage came to work. Social Security in 1995, almost 75 years ago.

The new extension of life, as exciting and scary, has caught many of us unprepared. Our parents' generation offers few role models. What is next? How do we deal with this gift of longevity in meaningful, satisfying ways? Demographers for the past decade — estimating that there will be 67.4 million of us between 65 and 74 by 2010 — predict the end of social security and the decline of our health care system as we all opt for the new, more health, and new faces. But such prognosticators believe that the human spirit is ever-renewed and creative. Confronting these dire predictions are thoughtful studies of new beginnings, a different version of aging in America is emerging and it is exciting.

The "second stage" or "third age" signs are beginning to replace "retirement" and if many of us are concerned about how to take the next step, how to remain creative or start a different career, there are countless articles and books, life coaches, experts, and contemporary role models to whom to turn. Just google "Baby Boomers" or "second journey" and a new world opens up. The author has freedom in her book *Baby Boomers: What's Next in Life?* describes this transition.

Encore: Finding Work That Matters in the Second Half of Life.
Author: Judy Goggin
Vice President, Our Ventures
Join us on Thursday March 13 from 5:30 to 7:00 p.m. at Beacon Street RSVP to 617.723.9713

Judy Goggin
Judy Goggin, Vice President of Our Ventures, is a retired corporate executive who has spent the last 20 years of her life working with and for the elderly. She is the author of *Baby Boomers: What's Next in Life?* and is currently working on her second book, *Second Journey: Finding Work That Matters in the Second Half of Life*.

Chapter 5

Innovation – The non-profit organisation with an annual turnover of nearly 300,000 dollars is looking towards the future. People are continuously on the lookout for new opportunities in service provision, in order to support the members in their daily lives and with their citizen status. New interesting opportunities are reported in the member periodical of striking design. Suppose that, in the foreseeable future, the growing wave of ageing baby boomers will have different needs and wishes than the current older generation. However, explicit inter-generational objectives towards young people are not in place. This is perhaps because the explicit objective is to enable older people to be fully-fledged participating citizens within a normal community of people of all convictions and ages and from whom a continuous sense of purpose can be derived. That implies inter-generational relations and role development for seniors within an open relation with the remainder of society and in the private domain and certainly not limited to a small private circle of like-minded seniors who have things organised into every detail. That is the sympathetic element in the set-up. It can further be found that the home technology palette of services on offer does not play a role of importance as yet. Perhaps because on the one hand support technologies are still too much in their infancy and, on the other, because small-scale human networks such as Beacon Hill Village respond better to the true needs of senior citizens in terms of safety, convenience and contact better.

Conclusions – The Village concept is a great and transferable example of a buyer group by and for senior citizens, set up as a non-profit trading organisation at district or village level. The appearance of a more or less public provision in the format of a private company is an interesting concept in its own right. The innermost layer of the company works on a commercial basis with entrepreneurial qualities linked to insights into modern service provision and care for the elderly. The outer layer is characterised by the efforts of many volunteers, providing dynamics, interconnections, social contact, cultural activities and everything else that makes a community attractive. It should be noted that within this setting, local church communities play an important role as advocates of social contribution and suppliers of volunteers. The success of Beacon Hill Village can partly be attributed to the, on average, high social-economic level of the Beacon Hill residents. The

organisation does well in terms of recruiting top executives and volunteers, perhaps partly as a result of a culture of leadership and competitive urge. Most households can easily afford the annual contribution of 850 dollars. A sympathetic element is the aim to form an integrated part of society, rather than an exclusive club.

Important to the Netherlands in this respect is that the experiences show that a natural basis of support must be present for such a highly professional organisation in a city district, village or small town. Other Villages that have meanwhile been set up in the US show that these types of projects can also succeed in less favourable social economic conditions (according to the discussion partners of the American Seniors Organisation AARP). See also the report of the study trip by Jacques Allegro. It ultimately comes down to the collaboration of a diversity of talents in the field of citizen initiative and social entrepreneurship, pursuing ideals by means of proven practical work schemes and the quality of social networks. Leadership certainly plays a pivotal role in that success. Yet isn't that the case in every social development?

How To Build Your Own Village

- **HUDDLE** Form a core group of about a dozen high profile neighbours with diverse skills and backgrounds
- **COUNT YOUR CHICKENS** Research your community – the number of residents over age 50, their average income, etc. Beacon Hill Village used Census information to determine if there were enough people to support the venture.
- **KNOW YOUR CUSTOMERS** Commission a Survey to find out what services people want and what they will pay for them.
- **LINE UP PLAYERS** Contact key local businesses and health providers – from hospitals and home care agencies to repair services – to gauge their interest in working with your group.
- **DO THE MATHS** Draw up a business plan, estimating membership income and service costs. Beacon Hill Village used Harvard MBA alumni. Local universities or colleges may offer similar free consultation.
- **PASS THE HAT** Raise seed money: 30% of your estimated budget. Much of Beacon Hill Village start-up money came from contributions by neighbourhood residents who believed in the idea.
- **GET A CHIEF** Hire a director who will be the face and voice of your enterprise as you continue to recruit members and service providers

Example II

The Riedlingen model

A senior cooperative, in which senior citizens themselves take care of an additional package of small-scale service provision and care for older people that need help, has been flourishing in the southern German rural town of Riedlingen for over a decade. It is a leading example of intergenerational cooperation under the slogan of Seniors for Seniors. The active participants are pensioners or unemployed senior citizens who can supplement their sometimes meagre basic pension or benefits by doing odd jobs for aged fellow citizens at a modest hourly rate. This can be doing the garden, the dishes, distributing meals, a trip to the doctor or theatre or whatever else may be required. In 2008, respite care was added to the long list of services of this senior cooperative. Informal care providers with a demented partner can leave the 'caring' to trained seniors for part of the day. This opportunity is taken full advantage of. Around 120 volunteers serve around 600 clients and to great satisfaction. The effect is that only in exceptional cases senior citizens in Riedlingen appeal to the much more expensive institutional care.

Formation – In the nineties, Riedlingen was one of the ten German municipalities that served as a trial ground for innovative models of service provision for senior citizens. All this took place within the framework of a government programme aimed at looking for solutions for the ageing and depopulating areas in Germany. During the course of time, the models on the basis of mere voluntary work and good intentions did not appear to be viable and disappeared one after another, yet the Riedlingen model survived in all its glory, possibly thanks to the self-financing character and win-win situation for younger and older seniors that had been created. Charismatic leadership and the presence of a core of committed and 'professional' volunteers who, after having explored the market and on the basis of agreements and ultimately even collaboration projects with official care institutions, filled the gap in the market where care institutions fell short: offering support in everyday affairs and as such contributing to the quality of life and the dignity of the elderly, certainly also played a role. In 2004, the senior cooperative

won the National Future Prize of Germany, after which busloads of interested people visited the project, particularly from the Netherlands.

Background – The German rural areas in particular are confronted with an exodus of younger generations, leaving behind the older ones. Due to the low birth rate, population figures are set to fall by 17 million on a total of 80 million inhabitants, in addition to a strongly ageing population. Whichever way it is: the family or relatives are much less the immediate safety net in terms of support for seniors that require help than before. The actual support for social and welfare provisions is falling. The problems also feature a gender aspect. There are many women, a lot of them widows, who did not accrue a supplement pension and are having to live on a state pension of 450 Euros a month. Germany did also have many older long-term unemployed people. The pragmatic response in Riedlingen was to take full advantage of people going through the transfer of the second to the third stages of life, who are fit and vigorous and who often possess a great deal of expertise. So it works both ways. Working for the cooperative keeps people active and involved and the care for people with limited means, but who require help, can be offered at relatively low cost. Not everybody is cut out for this type of work, but to many it is the perfect solution.

Self organisation – For the senior initiators in Riedlingen these were all reasons to set up a sound form of self-organisation, in accordance with the cooperative principle and under German law of course, which, in principle, does not differ much at this point from the Dutch law. Through the creation of a mutual aid organisation of citizens, it is endeavoured to make a contribution to the future care of citizens in the municipality of Riedlingen. The organisation complements the professional care in the region. The senior cooperation is self-governing, independent and functions as a company with departments for a wide range of facilities, including domestic work, meals on wheels, day care etc. Each Board Member is head of a department and compiles his or her own team of staff. Since the teams are small in set-up and organise everything themselves, motivation and commitment are high. Neither the Municipality nor the federal state can prescribe the Senior Cooperative how to carry out the tasks it imposed upon itself. The cooperative works without any subsidy, but

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does receive money from those who purchase the services. The seniors that provide the service receive an hourly rate of € 7.50 from those requesting the aid. Anyone unable to afford this can request for assistance. One Euro of the hourly rate is set aside for the central organisation and administration. Instead of cash, the care providers can also ask to be paid in kind, for when they need help themselves. In that case they can claim as many hours as they previously provided. In practice, this is what happens to an increasing part of the turnover, one third as it stands. This is a true example of the 'care now for later' principle.

Conclusion – Meanwhile the cooperative manages 70 threshold-free flats for seniors in the centre of Riedlingen, near local amenities and cultural facilities. Work on improving the service provision is on-going with respite and informal care for people growing demented added to the range last year. Given the serious demographic situation in Germany, there is no reason why the cooperative is not to have a long-term and healthy future. The organisation appears to be equipped to offer added value to the quality of life of older people in a time overshadowed by imminent crisis.

This example too can serve as a source of inspiration to Dutch followers. The requirements include: a sound business plan, advanced organisational abilities and embedding in local conditions and infrastructure.



Example III

Care cooperative Hoogeloon



The first care cooperative in the Netherlands was set up in 2005 in Hoogeloon, a church village in the municipality of Bladel in the province of North Brabant. In this residential nucleus of just over 2100 residents, the cooperative and its 200 members work on the preservation and development of care, services and facilities. As a result, senior citizens, the chronically ill and people with a disability have the option to continue to live in their own village, also when demand for care increases. The cooperative looks after the care interests of the village and, through a mix of professionals and volunteers, provides services in the fields of consultations, meals, domestic aid, garden maintenance, transport and day care. In October 2008, the construction of 14 service homes for seniors and a support centre for seniors from the entire village was started. After four years, the initiative is strongly rooted in the local community and has already won a number of innovation awards.

Formation - As it had so many small nuclei, Hoogeloon too was subject to the trend towards increased scale, putting high pressure on the availability of a bank, post office, shops and care provisions. Much to the sadness of many, the familiar district nurse had disappeared from the village scene a long time ago. The establishment of large-scale care and nursing centres in economic nuclei was a development that could not be stopped. In order to use the facilities, the residents of Hoogeloon had to get into their cars and drive to a nearby town or, alternatively, home care providers had to travel to them from afar. Research into the quality of life in 2002 led to critical questions being asked about the ab-

sence of 24-hour care, as a result of which older people with serious care demands were forced to relocate to out-of-town large-scale care or nursing homes at an advanced age. A regional home care institution and a care institution in Bladel proved to be unprepared to meet the wishes of the residents. These wishes were contrary to the existing plan for a large-scale nursing home in Bladel. Small-scale residential complexes do not fit into the concept, which is not the way to keep people - young and old - together in a village, so the residents believed. Subsequently, they founded their own care cooperative in 2005. Each member pays 20 Euros per year in contribution. Start-up subsidies, seizing the opportunities offered by the Social Support Act and the personal care budget generate the remainder of the funds required in order to run the services of the cooperative. The ideal is that, after some time, every service can be self-funding. If so required, start-up subsidy or contribution funds are used for new initiatives. Working without subsidies and being as independent as possible are deemed of paramount importance.

Self-organisation as a response - The cooperative as a members' association has been a well-known and familiar form of organisation in the rural parts of the Province of North Brabant ever since the formation of farmer cooperatives up to the agricultural cooperative bank (which later became the RABO bank). They set up a cooperative together, led in accordance with democratic principles, which allows for third-party collaboration (e.g. regular care providers) and the exploitation of own activities in the fields of service provision and care. However, this too is less straightforward than it may look on paper. Social innovation practically always requires a person willing to carry the load and also competent to do so. In Hoogeloon, it was villager Ad Pijnenborg, former director of a care home, who has excellent knowledge of the social map of Brabant and who knows all the ins and outs. It is rowing against the stream of increased scale in the care sector, having to adopt a small-scale approach in service provision, close to the people, but with the help of citizens that give shape to their involvement and co-responsibility through their membership and work in the cooperative.

Demand control as principle - Within the cooperative, wishes and needs are expressed during member consultations. They are translated into a demand for care and the practical implementation thereof. Supply and

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demand form a seamless match. A large part of the demand for care and the organisation of the supply can be filled in locally, with own staff and volunteers or by purchasing services such as garden maintenance by sheltered employment provisions. Other things that can be easily organised locally are lending out wheelchairs or scooters, raising expertise among volunteers, informal care consultation for family members of senior citizens in day care, support for members who use the personal care budget. In 2008, a start was made with the Homecare Project, the construction of a number of service homes intended for senior citizens who require care. Care in the home is offered through the support centre.

All this has made the care cooperative a real company with its own staff which, for that matter, are preferred to be recruited locally. They are fixed groups of reliable people that can be deployed swiftly in the event of urgencies, as they do not need to travel far. Part of the demand for care, particularly the more serious, complex care, cannot be filled in locally. But here the cooperative can take a stand and exert a positive influence thanks to the strength of the joint venture and the accrued know-how. Meanwhile contracts have been entered into with a care institution, and partnerships with other care providers have been set up.

Social initiative – The Hoogeloon project builds on the preparedness of residents to carry out work that cannot be easily financed or outsourced, but which is extremely important to the quality of life of senior citizens. Twelve volunteers cook and participate on a rota basis in a restaurant group of 20 senior citizens that meet on a weekly basis. The price of a meal is € 6.50. For some participants these are unique moments of meeting other people which they really would not want to miss out on. The volunteers enjoy the work, and informal care providers take advantage of the temporary absence of the care recipient. In day care too, which offers a group of eight senior citizens the opportunity to leave the home two days per week and speak to other people, volunteers are active. Voluntary work is extremely important, the volunteers know the participants in day care and this creates a safe bond. The care cooperative works with volunteers for services that can be offered by volunteers who are prepared to do so. Currently five people who offer domestic help and personal care are on the payroll. A paid coordinator manages



the provision of care. This service will need somewhat longer in order to become financially self-reliant.

It is not so much important how care is organised, just that it is, so the people say in the cooperative. Part of the voluntary work is of course done by the Board of the cooperative. The board members, just as all other volunteers, are motivated residents with a heart for the village and the people.

Conclusion – This project too appears to be a transferable and replicable example, judging by the many visits to Hoogeloon by interested people from other small nuclei and villages in the Netherlands. They seek inspiration from the Brabant example. The core of the success can be found in connecting social innovation with a traditional form of organisation (the cooperative), in which entrepreneurial spirit and giving shape to collaboration and mutual support appears to work well. The media gave a lot of attention to the project and they found that in Hoogeloon too inspiring and expert leadership played a role in achieving the objective. The main conclusion must be though, that small-scale undertakings in care need not be an illusion and must be both condition to and result in the pursuance for sustainable and worthy care.

Example IV

Living with young and old in Cologne

On the instruction of a local housing corporation, architectural firm Franken and Kreft designed an apartment building of 27 threshold-free houses, varying in size, in the Cologne district of Ehrenfeld. Since its completion in 2008, the exceptionally beautiful building is home to a number of young and middle-aged families, single mothers and older people with or without a partner. One third of the population is below the age of 40, one third between 40 and 60 and another third is 60 years of age and up. The residents have made a conscious choice for this mixture of ages, as they expect it to provide convenience, mutual support and enjoyment. And that is exactly what it does in practice.



The senior citizens look after the children, organise activities and maintain the garden. Vice versa, the seniors can count on the middle-aged generations and young people when they need some help or support. The thirty and forty year olds arrange all sorts of things in and around the building. There is a large communal garden with a playground, bicycle shed and benches. Some even share car ownership, as the residents would rather not meet the government standard for parking spaces and choose to have more green around them instead of tarmac. The building accommodates for communal space with kitchen and sanitary facilities. There is a small sports hall and a workshop on the ground floor. The lower floor accommodates a small-scale nursing unit with seven houses for people with serious physical impairments. Here too

the lively contacts are maintained. The design of the building is aimed at encouraging people to meet and work together, while maintaining privacy. The project has generated a lot of media attention and is one of those innovative projects that attract busloads of curious people from every corner of Germany.

Background - In the eighties and nineties, the then still very new and innovative Dutch community groups for senior citizens formed an inspiring example for older people in Germany, particularly for single seniors. Residential groups of over 50s gradually formed in numerous German cities, but soon question marks were placed with the middle and long-term viability of these exclusive senior communities. The current trend is to form residential groups that represent all generations and which therefore can continue to renew themselves. They are young families, single mothers and seniors with or without partners living in comfortable and completely self-catering apartments, but with communal gardens and accommodations, who are prepared to relieve each other's burden.

Formation - The Wohnen mit Alt und Jung project goes back a whole decade and, as many of these projects, was formed by initiatives of people who combined an ideal, stamina and the ability to operate tactically and strategically. The Wohnen mit Alt und Jung association, which was formed in 1994, needed a full decade in order to get the municipal authorities, corporation, banks, architects and building construction on the multigenerational track. They were sometimes driven to despair, some of the original members dropped out, but a hard core persevered. More than 30 potential construction locations were visited before the choice was made. The project only gained momentum when the Ehrenfeld housing association offered itself as a professional partner that had a suitable building location at its disposal and convinced a local bank to finance the project. The 35 residents, 10 of whom are over 60s, are now pleased with the result, a mixture of social and nonsubsidized houses in a single building, including two part-time concierges and a small integrated nursing department. "Im harmonischem Miteinander der Generationen steinalt werden," (Growing ancient in a harmonious cooperation of generations), a resident and staff member of the 'Neue Wohnformen im Alter' support centre in Cologne expressed her own future.

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In the event of illness or impairment, the residents can rely on the nurses and care providers of the nursing units. That gives a reassuring feeling. However, all schemes and subsidy options have been depleted. The project even received an amount of € 40,000 from the German 'penalty kitty'. A large waste-processing company in Cologne was made to pay two million to social-innovative projects in connection with an offence. Wohnen mit Alt und Jung spent the funds on equipping the communal accommodations.

Perspective – In Germany, like in the Netherlands, there are umbrella organisations that encourage this type of young and old projects. There is a Federal Forum Gemeinschaftliches Wohnen with its principal seat in Hanover and regional support centres, such as Neues Wohnen im Alter in North Rhine-Westphalia. They are financed by public-private government bodies and financiers that feel responsible for innovations that form a solution to the problem of an ageing population, which is in a much more advanced stage than in the Netherlands. In addition, there are example cities such as Bielefeld, where the multigenerational concept was integrated in the work of the housing corporations earlier. All this generates numerous websites, handbooks, information meetings and congresses. The Wohnen mit Alt und Jung projects took a decade to get there, but its exemplary effect is enormous. Another project that was set up in Cologne in 2005 only took three years to complete the circle of initiation to realisation. That is partly the result of the support from professional project developers who join and work together with the Neues Wohnen im Alter regional support centre. There also appears to be a higher level of awareness among young families (in the rush hour of their lives) that the presence of 'grandmas and grandpas' is mighty handy when your children's real grandparents are living far away. Single mothers with children in particular take advantage of the qualities of the senior citizens as childminders and co-educators. Hence young people are keen to work with seniors in order to realise the project. Ultimately, the policy in Germany appears to be aimed at the integrated application of multigenerational thinking in urban and district planning. This will be discussed in the next chapter.

Government programmes – The German Federal government, together with the federal

state authorities, also initiates alternative programmes aimed at stimulating the 'Miteinander der Generationen' concept (the cooperation of generations concept). For instance, substantial investments in 'multigenerational community centres' have been made that need to further stimulate young and old people meeting. A federal stimulation programme (30 million Euros) is up and running to provide a strong impulse for the social contribution made by old people (for young people in particular). In addition, the government and regional players in care encourage the conversion of large-scale nursing homes into small-scale nursing units in districts that are serviced ambulatory. The Cologne Wohnen mit Alt und Jung project capitalised on that skilfully.

Risks - Financing continues to be the tricky point. Banks and corporations need to show some courage. It is trial and error that teaches that these residential schemes need to be of minimum scope in order to properly manage conflicts and other low level misery. It is further been found that the rent must be an integral sum for accommodation and communal provisions, so that subsequent newcomers (who perhaps hold less strong ideals than the founders) cannot back out of their obligations and thus the communal provisions can survive the ups and downs of residential contacts.

Conclusions - Projects such as these owe their success to both a widely shared need for change with a view to an ageing population and fewer young people joining the workforce, and the practical and creative work of talented individuals who, as project leaders, are able to align the many institutions involved. Particularly the many hundreds of Dutch residential groups for older people can derive new impulses from multigenerational thinking. However, project developers in the Netherlands too can widen the explicit target group thinking in the direction of 'senior cities' and so on to consciously develop multigenerational neighbourhoods and streets. Perhaps a European exchange programme could prove to be useful in this respect.

Example V

A British vision

Towards Lifetime Neighbourhoods

In the report 'Working towards lifetime neighbourhoods - designing sustainable municipalities', the International Longevity Centre in the United Kingdom says it is time for a new approach in living and care. After a long time of working on visions and the realisation of threshold-free, accessible and age-proof housing, ILC wants to focus on the creation of sustainable living environments which, as it were, represent a multigenerational space which needs to be accessible and balanced for all ages. This must be the focal point in the discussion on a national strategy for public housing and spatial planning in an ageing society and play a role in the construction of three million homes yet to be built.



Lifetime neighbourhoods – ILC UK understands lifetime neighbourhoods to be neighbourhoods that offer the best possible chance for health, well-being and social, economic and civil engagement in all life phases. Such neighbourhoods offer the infrastructure of environment and homes, provision and shared public spaces

that enable people to provide ambitions with regard to quality of life room for manoeuvre. These neighbourhoods do not exclude people when they grow old. The concept of lifetime neighbourhoods is not new, but has had little impact on the planning process and neighbourhood design in the United Kingdom to date, ILC UK finds. Architects and planners do not take age into account when preparing their designs and plans and create environments that pose a problem to people as they grow older. A lack of transport options affects all of us, but older people in particular. Fact is that in most neighbourhoods the over 65s outnumber young people aged up to sixteen. Their needs are not taken into account, nor are the roles they can play in local society once they have retired.

Leadership – Hence intersectoral connections in planning are vital to sustainable residential areas, but rural and urban areas do of course offer different challenges. Spatial planning will need to be placed within the context of demographic change. ILC UK is pleading for planning that reflects the demographic changes, and anticipates that new forms of intellectual and practical leadership are needed in order to prevent intergenerational conflicts and to ensure that integration is continued to be pursued.

Attitudinal environment – It is important to create an attitudinal environment in neighbourhoods where both young and old feel comfortable. After all, first item on the top-ten wish list of British seniors is to maintain independence and care that is geared to it and accessible. A lifetime-proof and sustainable living environment is accessible, inclusive, safe and of high aesthetic level. It offers plenty of public space for meeting and exercising. People need to feel pleasant there and be able to identify with it, in order to be fully committed to maintaining the quality, beauty and safety. Lifetime neighbourhoods include proper social and cultural provisions and the social and civil tissue contributes to participation, voluntary work, informal networks and a culture of consultation. The planning of the three million houses yet to be built in the UK should take into account the ageing population and the impact of an integrated presence of high volumes of ageing people (the current baby-boomers) who will not allow to be isolated in the future.

New partnerships – Social gain can be achieved when remembering that five million senior

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citizens carry out voluntary work (the very cement of British social society) and that the over 50s for an important part take on the responsibility of caring for older parents as informal care providers. These informal care providers make as many hours (unpaid) as the total professional care of the National Health Service in the UK and are more and more involved in the upbringing of their grandchildren, as is the case in other countries also. Solutions for grey pressure and the costs of care concerning people who need it will need to be found, also in the intricate care network, ILC UK explains. There is no other way than the world of property development, project developers and planning having to establish contact with the softer sectors in society.

Preventive living environment worthwhile

– ILC UK points out that a living environment that has been designed with the necessary care contributes to the physical safety and prevention of fall-related incidents, the annual medical bill of which lies around the one billion mark. Poor footpaths impede the elderly in their mobility and as such in their health and social participation. All rather straightforward one should think, but the interests of senior citizens and the importance of prevention and lower medical costs often have little weight in the decision-making process.

Challenge to engagement – There is a strong desire among the British senior citizens to be challenged and to engage in the local environment for responsive and sustainable service provision. In the living communities at neighbourhood and local level the supply of non-traditional business services can grow on the basis of new models for public and private cooperation. Planners, builders and service providers must cooperate in the creation of the right climate for such lifetime environments on the basis of longer terms strategies and visions. However, ILC UK does not expect any swift changes, unless the engagement of seniors themselves enforces their environment to do so.

Best practices – The brochure further details some best practices, such as those developed in the Sundial Centre in London for instance, with a programme-based approach towards age-orientation in the Tower Hamlets district. The approach further includes an advisory centre named Link Age Plus Network Centre, a drop-

in centre for the over 25s, with the emphasis on over 50s, a series of social events, courses, excursions, fitness and health initiatives, as well as the development of day care, integrate service provision and intergenerational activities with schools and seniors.

Conclusion – ILC UK worked out its first analyses of the theme in further thoughts on planning and network development aimed at age-conscious planning, in the knowledge that there are no ready-made one-size-fits-all solutions, yet that this is the very time for extensive experimenting with the implementation of objectives such as accessibility, engagement, innovation and enhancement of intergenerational relations. In addition to the three publications referenced at the end of the report the ILC-UK also produced a 'Guide for regional-level strategies' giving recommendations on how housing strategies can help prepare for population ageing and give key data and sources of information.

Example VI

Multi-generational departure points for planning in Germany

One development in Germany forms the integration of thinking about new housing and care schemes for senior citizens in more extensive concepts of urban developments on the basis of social-economic analyses in connection with the ageing population and fewer young people joining the workforce. Such a social-innovative development is strongly stimulated by the federal Ministry for Family, Senior Citizens, Women and Youth and a number of federal state governments, resulting in considerable research efforts having been made in this field.

As previously indicated in the Netherlands by VNO-NCW, expressing their concern for the linearly rising growth of costs and staff numbers in healthcare, which can threaten the survival of other important sectors, in Germany there is a fear of an unbridled growth of care for the elderly, a fall in the potential of informal care and voluntary work and, consequently, a doubling in staffing numbers and costs for professional care in the next couple of decades, which cannot at all be financed, but which can in fact be expected to develop.



Traditional solutions no longer effective – An analysis by the Bertelsmann Stiftung and Kuratorium Deutsche Altershilfe of 2008 shows that they can see a number of negative and no longer acceptable effects of traditional solutions (building nursing homes and care homes) which policy is still widely applied in Germany. The first effect is the segregation, the isolation of large numbers of senior citizens, which is completely at odds with modern views on integration. Older people no longer want those solutions. They want independence, self-determination and remain socially integrated. Worse still, the traditional solutions block the social potential, inhibit taking personal responsibility, providing mutual care between seniors themselves and help between generations by means of active social networks which compensate for the loss in family networks and the informal care potential.

Keeping young and old together – Hence the Bertelsmann Stiftung and KDA plead to shift the weight of urban planning, policy and means to housing and care schemes which are more promising in this respect and in terms of result. A first condition for this is that young and old are kept together in ‘normal’ residential areas and the professional supply of help is organised at a local or neighbourhood level. By doing this, remaining to live independently in one’s own home and neighbourhood is given a key role. The network of suppliers, nursing and care must focus on a small-scale set-up in districts and neighbourhoods ranging between 5000 and 15000 residents. The analysis and corresponding conclusions were formed on the basis of further research into more than 70 innovative residential care projects. Those projects could be identified by means of a competition for innovative residential care concepts anticipating the ageing population. The entries generated a fair insight into the ‘Quartier concepts’ or, in other words, change concepts at a local level.

Social life in neighbourhoods – Accessible houses, streets, parks, shopping areas and transport are factors that play a role, as do social life in neighbourhoods, a diverse compilation of the neighbourhood population (based on age diversity) and the organisation of help and care. Insofar as feasible, implementation must be such that the appeal to expensive institutional care is minimised to the advantage of the quality of social and cultural life. Here

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lie some major challenges for architects, urban planners, social gerontologists and many other professionals. Building blocks for the future may include:

Building measures within the home; Advice and assistance in the neighbourhood; Social integration and mutual assistance within the neighbourhood; Integration of independent and special residential schemes within the community; Organising help and care at neighbourhood level

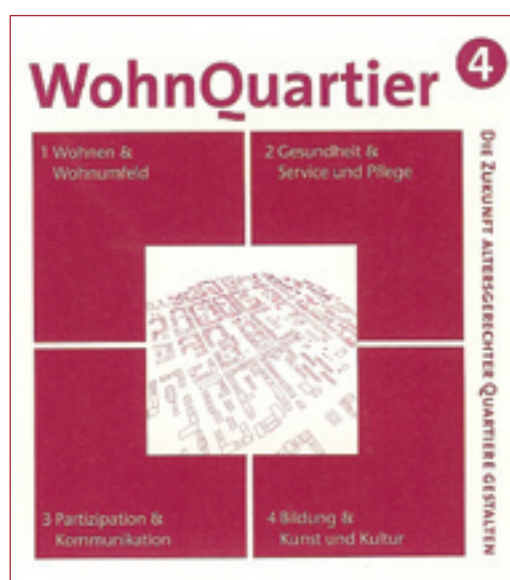
All this does not sound that revolutionary, but realising a small-scale organisation of local care is by no means a sinecure with institutions which in the past, driven by mergers, serve entire regions as catchment area. And as long as newly constructed neighbourhoods and streets are designed on the basis of subcategories such as families or senior citizens (silver cities), young and old generations will be confronted with each other's qualities, possibilities, desires and needs on only a limited scale. Hence change management is needed, as well as planning procedures, room for involvement, people's own initiative, room for decision-making by residents at local level, cooperation between parties, centralised (municipal) and decentralised (neighbourhood) organisation, step-by-step plans, financing options and a vision on generational interests.

Recommendations for municipalities – The report on the Quartier competition lists a number of criteria or recommendations for municipalities (even though they are often not the initiators) that can do a lot in terms of achieving change. The municipality can act as coordinator and offer support to the own initiatives of residents who wish to cooperate as part of formal or informal relations. The municipality can inspire and facilitate residents with consultations, space and means for best-practices orientation, participation in learning networks and exchange programmes with third parties. They can coordinate at above neighbourhood level, adjust zoning plans to multigenerational principles, decentralise own services in the field of building and living to local level, promptly process approval procedures, provide programme-driven support for voluntary work and deploy project developers for supporting change projects or commit external project developers to new and multigenerational principles.

Example VII

New Coalition

A striking example appears to be the collaboration between construction company Hochtief and the Parish and educational work by the Evangelical Church in Germany, partly formed as a result of the aforesaid development. Hochtief, a former construction company that currently mainly operates as a project developer, can see opportunities in a wider approach of the issue. Within the WohnQuartier⁴ project, project developer and Parish think about this concept of 'Building for tomorrow's world'. That means building for a completely different age distribution of the population. What should a city or village where the majority of the residents can soon be classed as senior citizens look like? Old people's homes on the edge of the city ceased to be the answer a long time ago. Cities and villages will have to offer space in terms of engagement of people in the years of retirement that is hidden from view due to early depreciation of human capital and a lack of appreciation for the social and cultural domain of voluntary work, informal care and citizen initiative.



In a splendid publication of WohnQuartier⁴, the three partners describe how you can work on change from an urban planning point of view and on the basis of local architecture and cultural viewpoints. Main feature therein is the change of focus from Altengerecht to Altersgerecht - from an older people policy to an age-oriented policy, developing new collaboration models, considering the entire social playing field and mapping out all

potential resources, organising participation, seeking connection with the norms and values that are deeply rooted in the population. The existing network that comprises this all must be explored and used and - perhaps typically German - a structure must be created that brings concerted action between management, intermediary organisations and actors at a local level. Subsequently, there are four factors that need to be harmonised 1) housing and living environment, 2) health, service and care, 3) participation and communication and 4) education, art and culture.

Neighbourhood management – WohnQuartier⁴, as a learning network involving a construction company and Parish, forms a peculiar and exciting combination which further analysis the four factors concept, as a result of which a start could be made in trial areas with an integral vision to give shape to care for the future on the basis of project development in conjunction with citizens. The objective is to interlink the wide range of available houses and care into a small-scale offer that can be integrated into residential areas in order to enhance independent living and the social network therein. By doing that, they have made good progress and they rejoice the creativity of the people when actively giving shape to a living environment that caters for all ages. A small example: in one of the projects, the benches of the church which had to be demolished were scattered in a residential area. Not only do they serve the elderly and their memories when taking a stroll, as landscaping elements they also attract hordes of hikers and lookers-on in the surrounding communities. And there is more: residents actively think along about neighbourhood management, or about how the care for people with dementia can be filled in with dignity, which is an acute and serious problem.

Residential school – The parish has further taken the initiative to set up an educational programme that provides people with an insight into the hardware of construction and living as well as the software of creative concepts and ideas about living together, i.e. the cultural aspects of living in neighbourhoods. The 'Wohnschule' (housing school) organises group courses for local residents, offering them reference points for aspects on growing older, maintaining networks and housing and care schemes (complete with excursions to traditional and new projects).

Outline conclusions

The projects and organisations that have been studied show that citizens can develop large-scale creativity in organising service provisions and social contacts that contribute to independent living at advanced ages. It appears that a wide range of services can be provided under their own management or contract. They include a central report centre and information number; transport to the family doctor, shops or theatre, domestic work and odd jobs; administrative support and computer assistance; garden maintenance; delivering meals; home adjustments, and day care also for older people with dementia. A lot of expertise is built up and shared with seniors through information provision on e.g. home adjustments and care, hospital and geriatric care, mobility and social and cultural activities. Suitable solutions are found for different situations and lifestyles. The following trends important to the Netherlands appear that can serve as criteria for residential care concepts in the future.

Scope for citizen initiative - From the examples of innovative residential care projects that have been studied and that contribute to the objective of living independently for longer, a lot of inspiration can be drawn for citizen initiatives that ILC Zorg voor Later would like to see developed. In those instances where traditional service providers in the fields of housing, care and support fail, citizens take control, formulate ideals and objectives, prepare proper analyses, choose a collaborative scheme and enter into coalitions proving to be perfectly able to connect housing objectives with those of care and support at local or village level. Yet the success from the bottom up increases as citizens prove to be more and more capable of winning the support of professionals in the field of architecture, construction, planning and care. ILC Zorg voor Later can see a reference point here for future action aimed at social contributions made by seniors. The examples that have been studied show that the concepts feature a high level of transferability, using tools such as handbooks, workshops and websites.

Multigenerational approach - The multigenerational approach of issues that link up with trends in the labour market and companies that work on the basis of the diversity of people (in terms of age, gender, ethnicity and

preferences) is a new trend. Issues concerning care for the elderly cannot be solved outside the multigenerational context of society, researchers in multiple countries conclude, unless we are prepared to double the number of people currently on the payroll of care institutions. Continuous meeting, confrontation, cooperation and solidarity between generations is the ideal, yet in practical terms too it is quite useful when the chain of generations is preserved, as grandparents can help in the upbringing, while young people can support the elderly with small services which make life at a later stage convenient. Hence residential areas, in their diversity of lifestyles, houses and services, must be aimed at all age groups. Perhaps the residential groups for the over 50s scattered in the Netherlands can also draw new inspiration from this approach.

Small-scale approach - The scale of cooperation and organisation of provision is important to the successful constructions of care. Without trying and imposing this as a hard rule, the German Bertelsmann Stiftung, for instance, concludes that new residential care schemes thrive best in residential areas of between 5,000 and 15,000 residents. However, here in our own country, in Hoogeloon (province of North Brabant), in a catchment area of a mere 2,100 residents, people prove to be able to organise an important part of the housing and care services by means of a smart combination of professional staff and volunteers. In the Netherlands, a small-scale scope is growing to be an attractive alternative, also when examining initiatives such as the local nurse and De Herbergier (small-scale supervised residential schemes for people with dementia who can no longer live independently).

Role of the local authorities - Since scale appears to be a condition for success, local authorities have a role to play as they can coordinate developments at above neighbourhood level and stimulate and facilitate social contribution of senior citizens through a programme-driven approach. The municipality can act as coordinator and offer support to the initiatives of residents who wish to cooperate as part of formal or informal relations. The municipality can adjust planning programmes to multigenerational principles, decentralise own services in the field of building and living to local level, promptly process approval procedures, provide programme-driven support for voluntary work and deploy project

developers for supporting change projects or commit external project developers to new and multigenerational principles.

Leadership - It can be concluded from the examples that new housing and care schemes are created and realised by people who are committed to working on a better future, yet with a realistic view of the options. They are networkers who combine stamina and expertise with a vision of how things can be done differently and that enthuse others in a flow of enthusiasm. Learning from best practices elsewhere, an environment that shares their enthusiasm and authorities that stimulate and facilitate social entrepreneurial spirit would help them.

Legal forms for cooperation - The examples that have been chosen strongly represent the legal concept of a cooperative association, as this enables the pursuance of ideals on a businesslike basis. Other examples concern coalitions between a residential association, housing corporation and government. However, church organisations and private companies too are able to form a coalition for a future-oriented physical planning which includes new concepts. This too is a domain that can be worked out by ILC Zorg voor Later.

Financing innovation - Practically every brochure that has been read and all discussion partners refer to the problem of financing new care schemes, as a result of which the innovations are still marginal in character for now, regardless of how much media attention is given. This is a task for financial institutions who wish to develop new financial products in which precautionary measures play a role. The recent plea by director Teulings of the Netherlands Bureau for Economic Policy Analysis at the Jan Brouwer Conference of January 2009 for co-financing precaution in pension systems could, as he indicated, be translated further into financing of housing and care. A new challenge.

Demand control - The projects that have been described are all different answers to the past, in which an overly dominant supply side took control of power and means and offered single-format solutions for senior citizens with care demands. In those instances where residents themselves are in control, versatile forms of demand control arise or forms in which supply and demand form a seamless match.

Further project development

Based on the project descriptions, the reader himself will be able to assess which housing and care schemes are suited best to survive times of crisis and the imminent peak in the ageing population. The elements stated above with the conclusions could be included in future project developments for ILC Zorg voor Later. The Netherlands could re-orient themselves by creating the right conditions for experiments, learning networks, citizen initiatives, small-scale approaches and involvement of people in the years of retirement. An integral vision on issues is required, as a result of which all relevant parties are given the opportunity to make their contributions, including financiers, project developers, artistic and cultural stakeholders. It is high time for new coalitions between the harder and softer sectors of our society. These coalitions do not form on their own account. Building on this preliminary study, ILC Zorg voor Later, together with a number of partners in the field, wishes to set up concrete cooperation projects. Some possible scenarios that can be worked out into a business case are listed below in a condensed format:

1 *Curriculum training and leadership development*

This involves offering a training programme for future project leaders who wish to realise a customised project in their own environment. A first concept of such a training programme is subject to consultation with the national authorities, a home nursing association and a project agency. Input for such a training programme can be provided by various disciplines. Modules can be geared to neighbourhoods or care institutions.

2 *Creating frameworks for home nursing association*

In pre-consultations with a home nursing association, the possibility of organising a train-the-trainer programme for project leaders who wish to set up a small-scale initiative in a village, in accordance with the model of the Care cooperative in the village of Hoogeloon (Province of North Brabant), was raised. However, in general, home nursing associations themselves can also adopt a new role in the regional debate on care by pursuing a small-scale approach, multi-generational concept and using citizen's initiatives in creating pilot projects through.

3 *Buyer groups*

In a village in the province of North Holland and a private apartment complex in Amsterdam, residential groups have expressed their wish to act as buyer groups as part of an experiment. Consultations are still in an early stage. An Amsterdam care institute has also expressed the need for increased private initiatives by the residents.

4 *Partnership with project developer*

Consultations are conducted with a nationwide project developer with the intention of working out multigenerational principles for planning and implementation in the field of construction and living in relation to care. All this could follow the example of the initiative, described in paragraph 5.7, of the German project developer Hochtief and of a social partnership in which training once again plays a role.

Project organisation – A project organisation could be formed with a view to clear formulation and pursuance of a number of objectives, with a remote steering group and implementing body. Including (remote) participation by knowledge carriers from projects described in this project (if so desired). A work conference involving a number of American and European representatives would offer a positive starting position. A guidance group could include project leaders from various locations and a member of the steering group. This group could have the character of a learning network. This means that the group meets to exchange experiences onsite, periodically and under the guidance of a consultant.

Financing of pilots – ILC Zorg voor Later will prepare a cost estimate in a separate publication for trial projects in the proposed fields. The basic principle for each pilot is that, normally, in due course, projects become self-supporting, as is the case in the examples described.

Literature list and relevant websites

Towards lifetime neighbourhoods: designing sustainable communities for all

Discussion paper ILC UK 2007 - about creating living environments for all senior citizens within a multi-generational context.

Building our futures – Meeting the housing needs of an ageing population

ILC UK 2008 – this publication replaces previous publications on housing and the ageing population and offers reference points for planning.

Sustainable planning for housing in an ageing population: ILC UK 2008 A guide for regional-level strategies

Weathering the downturn; What is the future for Lifetime Neighbourhoods?

ILC UK 2009 A discussion paper.

Publications can be requested or downloaded on the website of ILC UK www.ilc.org.uk

Hoogeloon Care Cooperative – Public information on the Hoogeloon Care Cooperative can be found on the website www.zorgcooperatie.nl

Demand control in care – Report from an expert meeting by ILC Zorg voor Later and Deloitte about demand control in care. This is published on the website www.ilczorgvoorlater.nl

Fact sheet on social contribution by senior citizens, a publication by Movisie within the framework of the 2008 project Zilveren Kracht (Silver Power), about trends in social contribution (voluntary work and informal care) among the over 50s. This can be found on www.zilverenkracht.nl

Beacon Hill Village How to Manual

Handbook for setting up a buyer group, developed by Beacon Hill Village Boston US.

Further information on Beacon Hill Village can be found in the study travel report by Jacques Allegro (can be obtained from ILC Zorg voor Later and the website www.beaconhillvillage.org).

WohnQuartier⁴ – Die Zukunft Altersgerechter Quartiere gestalten

About the development of planning concepts for life-time-proof neighbourhoods. Hochtief Construction AG, Diakonie and EEB Nordrhein - 007.

See also www.wohnquartier4.de

Wohnen im Alter – ein Handlungsleitfaden für Kommunen

Publication of the German Federal Ministry for Family Affairs, Seniors Citizens, Women and Youth of March 2008

- Guideline for building and living for senior citizens for municipalities.

Experience for Initiatives – Using the potential of older people in communities

Results of federal model programme – Federal Ministry for Family Affairs, Seniors Citizens, Women and Youth, 2007

See also publication list on www.bmfsfj.de

Ergebnisanalyse des Werkstatt-Wettbewerbs Quartier und Handlungsempfehlungen Bertelsmann Stiftung and Kuratorium Deutsche Altershilfe, March 2007 ISBN 978_940054_01_ Analysis of 7 innovative housing and care projects (conditions, appearances, valuation, bottlenecks) following a competition in Germany that generated 87 entries.

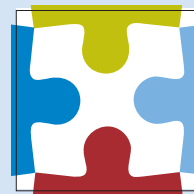
See also the websites of the Bertelsmann Stiftung www.bertelsmann-stiftung.de and KDA www.kda.de

For information on communal living and new intergenerational living schemes, the following organisations in Germany can help:

‘Forum Gemeinschaftliches Wohnen e.V., Bundesvereinigung’ (FGW) formed in 1992 as a joint venture between associations and persons who wish to stimulate communal housing schemes that exceed generations. The website contains a project exchange: www.fgwa.de

Furthermore, the joint venture called Neues Wohnen im Alter offers an excellent overview through publications and a website. This relation has support centres in a number of regions: www.nwia.de

In addition, there is a national model programme that develops new schemes. To this end, see www.modellprogramm-wohnen.de and more in particular Projekt 7 Netz Beratung, which is organised by the Forum Gemeinschaftliches Wohnen, among other things.



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